C. 2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

POSTED

SCANNED

(Please Print or Type) Section 1 mittee and Chairperson Mailing Addr City and Zip who fack Mailing Address Work Phone City and Zip Home Phone 1547 thohe fails 8340 524-1558 274-7476 Section II TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. 1 / 0 (a through 5 / 7 / 0 (a This report is for the period from Day Pre-Primary Report October 10 Pre-General Report ☐ 30 Day Post-Primary Report ☐ 7 Day Pre-General Report ☐ 30 Day Post-General Report ☐ Annual Report ☐ Semi-Annual Report (Statewide Candidates Only) ☐ Yes Is this Report an amendment? □ No Is this a Termination Report? ☐ Yes ☐ No STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES Section III Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. ☐ I hereby certify that I have received no contributions and have made no expenditures during this reporting period ... through_ Section IV COLUMN 1 COLUMN II To reach your Calendar Year to Date figure: Add this report's Column I Calendar Year to Date figures to the Column II figures of your previous report (except on line 6). Line 1: Cash on Hand January 1, This Year* Line 2: Enter Cash Balance at Close of Last Reporting Period** 4, 322 Line 3: Total Contributions (Enter amount from page 2) \$ Line 4: Subtotal (Add lines 1, 2 and 3) Line 5: Total Expenditures (Enter amount from page 2) Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4 Line 7: Outstanding Debt to Date *This same figure should be entered on line 1 of all reports filed this calendar year. **You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Return This Report To:
Ben Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

I Ack belief Company (asanc of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

Page 1

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From// OC_ to 5 / 7 / OC_				
UNITEMIZED CONTRIBUTIONS					
Contributions of Fifty Dollars (\$50.00) or Less This Period					
Total Total Amount \$)				
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period					
Total Total Amount \$	Σ				

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	s 💍
Total Contributions (also enter this figure on page 1, Section IV, line 3)	3 🔿
Number of Schedule B pages Attached	
Expenditures	
Uniternized Expenditures (less than \$25) from top of page	s 💍
Itemized Expenditures (total all Schedule B sheets)	\$ 5000
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	s 🖒
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	1 50°°
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- s
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ /
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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SCHEDULE B ITEMIZED EXPENDITURES

Page	of

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candid	date or Committee		***************************************		
11 c	Kichenson				
	The Name of the Address of the Code	Column A	Column B		
Date	Fuli Name, Mailing Address and Zip Code of Recipient	Cash or Check	(non-monetary)		
216106	Serate Lunchroom Po Box 83720 Boise ID 83720	s 50°	s		
Purpose of Abo	ove Expenditure: Lunch room Fee				
	2.	\$	\$		
Purpose of Abo	ove Expenditure:				
	3.	s	s		
Purpose of Abo	ove Expenditure:				
/	4.	s	s		
Purpose of Abo	ove Expenditure:				
	5.				
//		s	\$		
Purpose of Abo	ove Expenditure:	*****			
	6 .	s	\$		
Purpose of Above Expenditure:					
	7.	s	\$		
Purpose of Above Expenditure:					
Turpine or Abo	8.				
		\$	\$		
Purpose of Above Expanditure:					
/_ /	9.	s	\$		
Purpose of Above Expenditure:					
	Subtotals of Columns A & B	s 5000	\$		
	Total This Page (add columns A & B)		15000		